

SWORN DISCLOSURE OF CONSULTING SERVICES

Tennessee Ethics Commission

→ This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services. Please read the attached instructions before completing this form (the failure to properly and timely submit the form may constitute a Class C misdemeanor pursuant to T.C.A. §§2-10-125 & 126, subsections (d)(1) & (d)(2)).

CHECK THE APPLICABLE BOXES	
<input checked="" type="checkbox"/> Form Completed by Individual RECEIVING Fee	<input type="checkbox"/> Form Completed by Individual/Entity PAYING Fee
<input type="checkbox"/> New Disclosure Form	<input checked="" type="checkbox"/> Quarterly Update (Provide date previous Disclosure Form submitted: _____)
DISCLOSURE OF INDIVIDUAL RECEIVING FEE	
a. First and last name of individual receiving fee Allan F. Ramsaur	b. Position or Title of individual Executive Director
c. Mailing or street address (room, apt., suite no. and street, or P.O. box) 221 Fourth Avenue North, Suite 400	
d. City, state, zip code Nashville, TN 37219	
e. Telephone (615) 383-7421	f. E-mail (if available) aramsaur@tnbar.org
DISCLOSURE OF PAYOR	
a. Name of individual or entity paying fee Tennessee Bar Association	
b. If different from above, name of individual submitting form on behalf of entity Allan F. Ramsaur, Executive Director	
c. Mailing or street address of Payor (room, apt., suite no. and street, or P.O. box) 221 Fourth Avenue North, Suite 400	
d. City, state, zip code Nashville, TN 37219	
e. Telephone (615) 383-7421	f. E-mail (if available) aramsaur@tnbar.org
DISCLOSURE OF CONTRACT AND COMPENSATION	
a. Date of Contract March 1998	b. Amount of Fee \$4,261
c. Date(s) Services Rendered October 1, 2006 - December 31, 2006	
d. General Description of Services Rendered To influence legislative or administrative action.	

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 ETHICS COMMISSION

AFFIDAVIT

By my signature below I attest to the following:

- I understand that, pursuant to T.C.A. §§2-10-125 & 126, submitting a Sworn Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury;
- The information contained in this Sworn Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

Signature Ch-F.R.

Date 1/8/07

Sworn to and subscribed before me this 8th day of January, in Davidson county,
Tennessee; 2007

Signature of Notary

Affix Notary Seal Here

Notary Registration No. _____



My Commission Expires JULY 21, 2007